

LOCAL RULES FORM #9
UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA
APPLICATION FOR LIMITED USE/CLAIM PASSWORD
FOR ELECTRONIC CASE FILING SYSTEM

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

BAR ID # (if applicable): _____ STATE OF _____

1. **Pro Hac Vice Application:** I affirm that I am admitted to practice in the United States Courts for the _____ District of _____ (applicable state) and that the information set forth above is true and correct.
2. **Claims or Other Limited Use Application:** I affirm that I am authorized to prepare and file Proofs of Claim on behalf of _____, and/or am authorized to prepare and file Application(s) To Withdraw Unclaimed Funds on behalf of _____, and/or I am authorized to prepare and file Notice(s) of Appearance on behalf of _____, and/or that I am authorized to prepare and file Proof(s) of Claim and to appear on behalf of _____, a child support creditor, and/or am authorized to execute and submit Reaffirmation Agreements on behalf of _____.
3. I understand that use of my Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any declarations, verifications, proofs of claim, applications to withdraw unclaimed funds, notices of appearance, assignments of claims, reaffirmation agreements, or proofs of claim or other papers involving a child support creditor, or other papers or documents filed by use of the password obtained pursuant to this Application (my password), for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal rules of Criminal Procedure and any applicable non bankruptcy law.
4. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are file using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of one year after the case or proceeding in which the papers are filed has been closed.
5. I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately.
6. I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
7. I agree to adhere to court procedures for the Electronic Case Filing System. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures.

Applicant Signature

Date

APPROVED BY: _____

PASSWORD # _____ DATE: _____